



SSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

☐ Please check if this is an update to a previously filed statement for the calendar year 2007.

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

LEGISLATOR INFORMATION

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Malling address 174 - cottagl St City, zip code San Ford M. 04073 Phone (207) 324-5964 PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify principal type of economic activity of each employer. Name of Employer North Lest mobil 5- walker Aul Emuly Employer North Lest mobil 5- walker Aul Employer North Lest mobil 5- walker Aul Employer SHS # 2 Augusta ML 04333 Augusta ML 04333 Representative SHS # 1 Augusta MR 04333 Augusta ML 04333 Representative List the name and address of your business, if any, and list the major areas of economic activity from which y derived income. If associated with a partnership, firm, professional association, or similar business entity, list the ma areas of economic activity of that entity. Name and Address of Business Entity Major Areas of Economic Activity (self) Major Areas of Economic Activity (partnership, association or similar business entity)	JOHN L. TUH	-le	⊮ House ☐ Senate
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Name:	Name and Address of Business Entity	and the second s	Activity (partnership, association or similar
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Address:	Audicos.	O IV	the second secon
Name:	• •		
Address:	Name:	·	4

PART 2 (continued). INCOME DERIVED FROM SELF-EMPI (For Legislators who are self-employed.)	LOYMENT
B. List each source of income derived from self-employment that represents more than 10% of y is greater, and specify the principal type of economic activity of the entity of person from whom y disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the entity or person from whom the income was derived.	ou derived such income. If this form of he principal type of economic activity of
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Address: Work—	
Name: Address:	
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the major areas of practice of	
Name and Address of Firm Major Areas of (self)	Practice Major Areas of Practice (firm)
Name: Address:	
Name: Address:	Afficial variables and the second sec
PART 4. OTHER SOURCES OF INCOME	4
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not inc	Judo giffe If none, check the boy
	lude girs. In those, check the box.
None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: Address:	
Name: Address:	
PART 5. REPORTABLE LIABILITIES List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during areas of economic activity of each creditor. Do not list loans from a relative. If none, check the b	
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	
Name:	
Address:	
PART 6. REPORTABLE GIFTS	
List the specific source of each gift of more than \$300. Include gifts with an aggregate value of mone, check the box	nore than \$300 from a single source. If
□ None	THE ST. ST. CO. S. S. SECOND S
Name of Source of Gift Name 1. 3.	of Source of Gift
2.	

A STATE OF THE STA	5 7 . d - 10		
PART 7. REPORTABLE I	4 (4) (4) (5) (4) (4)	4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4	원 - J 최
List the source of any honoraria accepted for appearances or speeches rela	ated to y	our off	icial duties. If none, check the box.
None Name of Source of Honoraria	Terment s	, Kr	
The state of the s	· · · · · · · · · · · · · · · · · · ·	Carrie - IN	ame of Source of Honoraria
1. Noke			
2. 4.			
PART 8. REPRESENTATION BEFO	* .		秦田(大) (100g - 10g - 10
List each executive branch agency before which you represented or assis the box.	ted othe	ers for	compensation of any amount. If none, check
□ None	7		
Name of Agency // DW			Name of Agency
1. 3.			The state of the s
2. 4.			
PART 9. BUSINESS WITH ST	ATE A	GENC	ES 2
List each executive branch agency to which you or a member of your imme \$1,000 during the reporting period. If none, check the box.	diate fa	mily so	ld goods or services with a value in excess of
□ None	,	× , , , , , , , , , , , , , , , , , , ,	I
Name of Agency Number			Name of Agency
1, 3,			
2. 4.	terenere di accioni anno anno anno anno anno anno anno		the state of the s
PART 10. INCOME RECEIVED BY MEMBI	RS O	- IMM	EDIĀTE FAMILY
List the type of economic activity representing each source of income of \$ (ren) during the reporting period and the kind of income represented. Do no "D" for income received by dependents.	1,000 o ot includ	r more le gifts	received by your spouse or dependent child Circle "S" for income received by spouse or
Type of Economic Activity Representing Source of Income Received	Cir appro leti		Kind of Income
1. Exec secretary Town Treasures office Town of Sanford Me.	(S)	D	Employ ment
2.	S	D	
3.	S	D	
4.	S	D	and the second of the second s
SIGNATURE			
A Legislator who willfully fails to file a required statement is subject to (1 M.R.S.A. § 1017-A)	a fine	of \$10	per business day until the report is filed.
The intentional filing of a false statement is a Class E crime. If the Cor willfully filed a false statement, it shall refer its fandings of fact to the Attorn	nmissio nev Gei	on cond	cludes that it appears that a Legislator has
If the Commission determines that a Legislator has willfully failed to file a the Legislator shall be presumed to have a conflict of interest on eve question in committee or in either branch of the Legislature, and shall (1 M.R.S.A. § 1019)	require	d state	nd shall be precluded from voting on any
Ash 1 Toute M	-	1 -	-208
Signature	•		-2 - 08 Date

NAME:		and the second s		<u>, , , , , , , , , , , , , , , , , , , </u>	DATE	*	
ADDRESS:	(1)		, , , , , , , , , , , , , , , , , , ,		arel (11/19/19/19/19/19/19/19/19/19/19/19/19/1		
Please provide information you	any additional	information	2x.3 A5	DITIONAL INFORM on additional sheet	1.36	Indicate the part of	er section number for the
Part/Section Number	aro providing.				Villagerra jamatus is gubennine big		2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
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